ounce. This produced profuse lachrymation and supersecretion, so that the scabs were forced from their old location and became collected in the lower meatus, whence they were blown out.

[It may not be well known to rhinologists that any remedy that produces profuse lachrymation is of great assistance in cleansing the nasal passages in atrophic rhinitis. Women with this disease are always much better after a good cry, whether produced by drugs or by emotion. Indeed, there is a treatment, possibly founded upon the knowledge of this circumstance, consisting in dropping oleaginous solutions into the nasal passages by instillation through the lachrymal duct.]

ENORMOUS SEQUESTRA IN THE NASAL FOSSÆ RESISTING EFFORTS OF EXTRACTION THROUGH THE NATURAL PASSAGES, AND, AFTER RESISTING ROUGE'S OPERATION FOR DETACHING THE NOSE AND TURNING IT UPWARD, SUCCESSFULLY REMOVED AFTER OLLIER'S OPERATION OF TURNING THE NOSE DOWNWARD.

The above title represents the essential features of this case reported by DRS. E. ROCHARD and A. GOUGUENHEIM (*Annales des Maladies de l'Oreille, du Larynx*, etc., October, 1896).

A syphilitic female, thirty-three years of age, with nasal obstruction on the left side, and without deformity of the face and nose, came under the care of Dr. Gouguenheim, who found a hard, black tumor entirely obliterating the left nasal fossa. Despite the antecedents of the patient her general condition was so good that the possibility was entertained of the tumor being a rhinolith. Every effort to remove it in mass or piecemeal having failed, the operation of Rouge was performed by M. Ripault, one of the Doctor's assistants, but nothing beyond very insignificant fragments could be detached. After recovery from this operative procedure the patient was transferred to the services of Dr. Rochard, one of the surgeons of the hospital, who performed a temporary resection of the nose downward over the mouth, after the method of Ollier. This access freely permitted digital exploration and ready removal of the necrosed bones, which were two large, thick, irregular sequestra presenting no resemblance to any of the osseous portions of the nasal fossæ. Recovery was prompt, and only a slight cicatrix marked the line of incision. The appearance of the parts was so nearly natural that it was impossible to tell whence these sequestra could have originated.

[This case reminds the compiler of one which he reported to the Pathological Society of Philadelphia many years ago, in which he removed, after crushing them within the nasal passages, sequestra representing necrosed portions of the superior maxillary and other bones, which, when placed together, formed an almost complete skeleton of a considerable portion of the nasal passages, and yet the reproduction of bone had been so thorough that it was difficult to believe that these bones had actually been extracted from the living subject.]

NASOPHARYNGEAL FIBROMATA.

DR. CHARLES M. SHIELDS, of Virginia, read a paper on this subject (*New York Medical Journal*, 1896, No. 928) and reported two cases: one in a young

man, twenty-three years of age, and the other in a negro woman, forty-eight years of age. The age, the sex, and the color in this latter patient are all unusual, and make this case unique.

Dr. Shields inclines to the opinion, which has been gaining ground of late years, that few, if any, of these tumors cannot be extirpated through the natural passages and managed with better results than by external surgery after preliminary resection of the upper jaw.

Gunshot-wound of the Pharynx.

Dr. D. N. Rankin, of Allegheny, Pa., reports (*New York Medical Journal*, 1896, No. 928) a very peculiar case. The patient was shot on May 6, 1847, a bullet going in on the right side about two inches below the lobe of the ear, and coming out on the left side directly opposite the entrance.

Dr. Rankin saw the patient on October 10, 1894, that is to say, more than forty-seven years later. He observed two cicatrices—one on each side of the neck about two inches below the lobes of the ears. Upon looking into the throat, he found two round cicatrices corresponding to the external ones, situated behind and a little below the tonsils, and between them a cicatricial line connecting them and running directly across the posterior wall of the pharynx. This line was so superficial that the ball in its course must have nearly touched the submucous tissue of the parts involved.

Diseases of the Maxillary Sinus.

In a paper upon "Methods of Diagnosticating Diseases of the Antrum of Highmore, and their Treatment," Dr. Frank S. Milbury, of Brooklyn, N. Y., reports (*New York Medical Journal*, 1896, No. 933), among other cases, one of a merchant, fifty-four years of age, who was afflicted with a carcinoma in the sinus, which, when first seen by the Doctor, presented much of the physical features encountered in ordinary cases of suppuration of the sinus. There was fetid mucopurulent secretion, with polypi extending into the pharynx posteriorly, while the whole antral area of the left side was in deep shadow under electric illumination in the mouth.

The delicate health of the patient induced the Doctor to postpone any operative procedures, and in a few days evidence of the real nature of the malady began to become apparent in a sore over the socket of the second superior left bicuspid, where that tooth had been extracted some weeks previously. Within twenty-five days the case terminated fatally.

The diagnosis of carcinoma was confirmed by the pathologist of Harvard, after a microscopic examination of a portion of the growth excised for that purpose.

Tuberculosis of the Larynx.

In a paper by Dr. Solomon Solis-Cohen on "Some New Topical Agents in the Treatment of Tuberculosis of the Larynx" (*New York Medical Journal*, October 24, 1896) he discusses the merits of bromoform, formaldehyd, guaiacol, and protonuclein. Formaldehyd is especially extolled, the percentage employed being 1, 2, 4, 6, 8, and 10, respectively, of formalin, formal,